

Instruction on How to Complete the Risk Management Quarterly Report

****Cover Page Must Be Completed and Returned With the Report****

Please complete the name and address listed on the facility license. Do not use initials.
Be sure to enter the CCN#. This is the # assigned by CMS when your facility became certified. It always starts with 17_ _ _ . If your facility is not CMS Certified, please list the Facility State ID#_____.

All reportable incidents must be reported to KDHE on the IIR form upon determination of the final numbers.

All quarterly reports should be sent to KDHE within 30 days of the end of the report quarter. This creates due dates of April 30th, July 31st, October 31st and January 31st

1. Type of facility: If you are a general hospital with a psychiatric unit, check “Hospital.” only.
 - Year: Make sure you document the year and the quarter that is listed.
 - First quarter = January, February and March
 - Second quarter = April, May and June
 - Third quarter = July, August and September
 - Fourth quarter = October, November and December
2. If you have an IIR that has occurred during your current Quarterly Reporting quarter but you are waiting on a determination from your facility Advisory Board, Check the box indicating this and submit another REVISED QR for said quarter when you receive the determination. When submitting the REVISED QR to KDHE be sure and check the appropriate box.
3. Total number of final reportable SOC determinations by the facility’s risk management program this quarter: Document only the SOC III and IV determinations in the columns “a” and “b”.
4. Specify the individual number of referrals sent to each of the individual licensing agencies. If you select “Other” please provide explanation.
5. Identify the appropriate category type of each individual incident (IIR). If you select “Other” please explain.

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6. Submit your QR to the E-file address listed below. Please remember to submit any Risk Management correspondence using the revised Naming Convention Policy of otherwise your documentation will be returned.
- Who
 - CCN#
 - What
 - Date submitted to KDHE

Example: ABC Inc. 17555, QR2, 7/25/17

Kansas Department of Health and Environment
Bureau of Community Health Systems
Risk Management Program
1000 SW Jackson Street, Suite 330
Topeka, Kansas 66612-1368
Email to kdhe.riskmanagement@ks.gov
Or Fax to (785) 559-4250

Data Collection Purpose: The purpose of the data collection activity is solely for usage as business analytics for the KDHE Risk Management Program. This includes but is not limited to overall Risk Management Program business intelligence, enterprise information management, enterprise performance management, analytic applications, and governance, risk, and compliance.

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